

Foster Family Home - Corrective Action Report

Provider ID: 1-511932

Home Name: Helen Mollman, CNA

94-767 Kaaka Street

Waipahu

HI

96797

Review ID: 1-511932-5

Reviewer: Carrie Wakai

Begin Date: 9/22/2017

End Date:

11/11/2017

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a 3 person CCFFH recertification survey. A corrective action report was issued during the visit with all required items due to CTA by 10/22/2017.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(1) & 7.1(a)(2)-APS/CAN lapsed on CG#1 due 8/19/17, done 9/20/17; CG#3 due 6/19/16, done 1/19/17; HHM#1 due 10/24/16, done 9/21/17. State name check on CG#1 due 8/13/16, done 7/4/17.
No APS/CAN/Fingerprinting present on HHM#3 & HHM#4.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41(b)(7)-TB clearance for 2016 not present on CG#3.

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-No delegation present on CG#2 and CG#3 for client #1.

Foster Family Home Records [17-1454-52]

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52(c)(6)-Daily Flow sheet and medication record not completely checked off on client #3.

Carrie Wakai
Compliance Manager

H Mollman
Primary Care Giver

9-22-2017
Date

9/22/2017
Date

COMMUNITY CARE FOSTER FAMILY HOME (CCFFH)
WRITTEN PLAN OF CORRECTION FOR DEFICIENCIES
LISTED IN CORRECTIVE ACTION REPORT
CHAPTER 17-1454

CCFFH NAME: HELEN MOLLMAN

CCFFH ADDRESS: 94-767 KAAKA ST. WAIPAHU, HI 96797

RULE NUMBER	CORRECTIVE ACTION TAKEN	DATE CORRECTED	PREVENTION STRATEGY
7.1(a)(1) & 7.1(a)(2)	FINGERPRINTING WITH APS/CAN WAS DONE. GREEN LIGHT DETERMINATION RESULT. ON HHM384	9/26/17 WERE FILED	- LISTS DOWN ALL CARE-GIVERS & HOUSEHOLD MEMBERS EXPIRATION DATES & PLACE IN POCKET OF THE BINDER.
41(b)(7)	ASKED THE OTHER PCG TO FAX ME THE 2016 TB CLEARANCE FOR MY SCG. 2016 TB CLEARANCE IN HOMES FOLDER.	10/20/17	- LISTS ALL THE EXPIRATION DATES OF TB CLEARANCES.
43(c)(3)	NURSE DELEGATION WAS DONE DURING THE ADMISSION BUT IT WAS IN THE LOCKED CABINET DURING THE CTA REVIEW, NOW FILED IN HOMES FOLDER	9/22/17	- MAKE SURE TO CHECK ALL THE PAPERS BEFORE CTA COMES. KEEP PAPERS IN ORDER @ ALL TIMES.
52(c)(6)	MAKE SURE TO INITIAL FLOW SHEET & MEDICATION RECORD ^{AFTER} RENDERING THE JOB & GIVING THE MEDICATION.	9/22/17	- INITIAL RIGHT AWAY AFTER PERFORMING THE TASK.

PRIMARY CAREGIVER'S SIGNATURE: H Mollman

PRINT NAME: HELEN MOLLMAN

DATE OF SIGNATURE: 11/1/17